

EEOC Form 5 (11/09)

EXHIBIT A

CHARGE OF DISCRIMINATI

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

 FEPRA
 EEOC

Agency(ies) Charge No(s):

420-2016-00879

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Dejau Jones

Home Phone (Incl. Area Code)

(205) 240-3285

Date of Birth

04-06-1986

Street Address

City, State and ZIP Code

108 Three Sons Drive, Hoover, AL 35226

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

GRANDVIEW MEDICAL CENTER

No. Employees, Members

Street Address

City, State and ZIP Code

3690 Grandview Parkway, Birmingham, AL 35243

Phone No. (Include Area Code)
(205) 971-1000

RECEIVED

Name

JAN 21 2016

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

E.E.O.C.
BIRMINGHAM DISTRICT

DISCRIMINATION BASED ON (Check appropriate box(es).)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

12-01-2015

01-21-2016

RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY GENETIC INFORMATION
 OTHER (Specify)

 CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

In began my employment with the above named employer as a Registered Nurse in June 2011. In 2014, I became a PI Coordinator. I was paid \$ 24.24 per hour which was below the minimum on the pay scale. In late July 2015, I informed the employer that I was pregnant. In October 2015, my job status changed and I became a Flexi RN in the GI Lab. I was paid \$30.00 per hour. In December 2015, my job status was changed to part-time and a demotion calculator was applied to my pay which was reduced to \$ 21.20 per hour. In October of 2015, I learned that Marsha Carraway, previous PI Coordinator, and currently the Charge Nurse in the GI Lab, was paid more than me when she was the PI Coordinator and the demotion calculator was not applied to her wages when she transferred to the GI Lab. Carraway is White. Crystal Jordan, Flexi RN, is allowed to work without changing her job status and her wages have not been reduced. Jordan is White. I am currently a part-time employee, however, my benefits have been eliminated. I cannot use my sick time and my short term disability has not been reinstated. The premiums on my short term disability have not been paid since November 2015.

I believe that I have been discriminated against because of my race, Black and because of my sex-female (pregnancy) in violation of Title VII of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY – When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
SIGNATURE OF COMPLAINANT

Jan 21, 2016



Date

Charging Party Signature

SUBSCRIBED AND SWEORN TO BEFORE ME THIS DATE
(month, day, year)

DISMISSAL AND NOTICE OF RIGHTS

To: Dejau Jones
108 Three Sons Drive
Hoover, AL 35226

From: Birmingham District Office
Ridge Park Place
1130 22nd Street
Birmingham, AL 35205



*On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))*

EEOC Charge No.

EEOC Representative

Telephone No.

420-2016-00879

Kevan J. Jackson,
Investigator

(205) 212-2128

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.

On behalf of the Commission

MAR 08 2017

Enclosures(s)

Delner Franklin-Thomas,
District Director

(Date Mailed)

cc: GRANDVIEW MEDICAL CENTER
C/o Peter A. Malanchuk, Esq.
4000 Meridian Boulevard
Franklin, TN 37067

Dejau Jones
C/o Robert L. Beeman, II
Law Office of Robert L. Beeman, II
3720- 4th Avenue South
Birmingham, AL 35222

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Charge Presented To: Agency(ies) Charge No(s):

FEPA
 EEOC

420-2016-02565

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Ms. Dejaiu M. Jones

Home Phone (Incl. Area Code)

(205) 240-3285

Date of Birth

04-06-1986

Street Address

City, State and ZIP Code

2821 Wisteria Drive, Hoover, AL 35216

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

GRANDVIEW MEDICAL CENTER

No. Employees, Members

15 - 100

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

3690 Grandview Parkway, Birmingham, AL 35243

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

RACE

COLOR

SEX

RELIGION

NATIONAL ORIGIN

RETALIATION

AGE

DISABILITY

GENETIC INFORMATION

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

04-22-2016

06-06-2016

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I am Black. I was hired by the above named employer in June 2011, as a Registered Nurse. I took maternity on March 5, 2016 and I returned to work on May 31, 2016. The last four weeks that I was on maternity leave I only received half of what I was entitled to receive. I was paid for 9 hours per week, whereas I should have received pay for 20 hours per week. On June 6, 2016, I met with management about the difference in pay that I was receiving versus what I should have received.

I believe that management has not paid me what I was scheduled to receive and I was discriminated against in retaliation for having filed a previous charge (420-2016-00879), in violation of Title VII of the Civil Rights Act of 1964, as amended.

RECEIVED

JUN 15 2016

E.E.O.C.

BIRMINGHAM DISTRICT

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

Jun 15, 2016

Date

Charging Party Signature

SUBSCRIBED AND SWEARN TO BEFORE ME THIS DATE
 (month, day, year)